

PCT

# REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.
International Filing Date
Name of receiving Office and "PCT International Application"
Applicant's or agent's file reference (if desired) (12 characters maximum) H52 437 C10

<b>Box No. I TITLE OF INVENTION</b>	
MOLECULAR IDENTIFICATION OF BACTERIA OF GENUS STREPTOCOCCUS AND RELATED GENERA	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) UNIVERSITE DE LA MEDITERRANEE (Aix-Marseille II) Jardin du Pharo 58 boulevard Charles Livon F-13284 MARSEILLE cedex 07 FRANCE	Telephone No.  Facsimile No.  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: FRANCAISE	State (that is, country) of residence: FRANCE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE (CNRS) 3 rue Michel Ange F-75794 PARIS cedex 16 FRANCE	This person is: <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality: FRANCAISE	State (that is, country) of residence: FRANCE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DOMANGE Maxime CABINET BEAU DE LOMENIE 232, avenue du Prado F-13295 MARSEILLE CEDEX 08 France	Telephone No. 04 91 76 55 30  Facsimile No. 04 91 77 97 09 Teleprinter No.  Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

## Continuation of Box No. III

## HER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

RAOULT Didier  
16 rue de Lorraine  
F-13008 MARSEILLE  
FRANCE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

française

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DRANCOURT Michel  
9 traverse de la Pauline  
F-13012 MARSEILLE  
FRANCE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

française

State (that is, country) of residence:

FRANCE

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION STATES Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

**Regional Patent**

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) \_\_\_\_\_
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) \_\_\_\_\_

**National Patent** (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> <b>AE</b> United Arab Emirates _____                   | <input checked="" type="checkbox"/> <b>HR</b> Croatia _____                                   | <input checked="" type="checkbox"/> <b>OM</b> Oman _____                             |
| <input checked="" type="checkbox"/> <b>AG</b> Antigua and Barbuda _____                    | <input checked="" type="checkbox"/> <b>HU</b> Hungary _____                                   | <input checked="" type="checkbox"/> <b>PG</b> Papua New Guinea _____                 |
| <input checked="" type="checkbox"/> <b>AL</b> Albania _____                                | <input checked="" type="checkbox"/> <b>ID</b> Indonesia _____                                 | <input checked="" type="checkbox"/> <b>PH</b> Philippines _____                      |
| <input checked="" type="checkbox"/> <b>AM</b> Armenia _____                                | <input checked="" type="checkbox"/> <b>IL</b> Israel _____                                    | <input checked="" type="checkbox"/> <b>PL</b> Poland _____                           |
| <input checked="" type="checkbox"/> <b>AT</b> Austria _____                                | <input checked="" type="checkbox"/> <b>IN</b> India _____                                     | <input checked="" type="checkbox"/> <b>PT</b> Portugal _____                         |
| <input checked="" type="checkbox"/> <b>AU</b> Australia _____                              | <input checked="" type="checkbox"/> <b>IS</b> Iceland _____                                   | <input checked="" type="checkbox"/> <b>RO</b> Romania _____                          |
| <input checked="" type="checkbox"/> <b>AZ</b> Azerbaijan _____                             | <input checked="" type="checkbox"/> <b>JP</b> Japan _____                                     | <input checked="" type="checkbox"/> <b>RU</b> Russian Federation _____               |
| <input checked="" type="checkbox"/> <b>BA</b> Bosnia and Herzegovina _____                 | <input checked="" type="checkbox"/> <b>KE</b> Kenya _____                                     | <input checked="" type="checkbox"/> <b>SC</b> Seychelles _____                       |
| <input checked="" type="checkbox"/> <b>BB</b> Barbados _____                               | <input checked="" type="checkbox"/> <b>KG</b> Kyrgyzstan _____                                | <input checked="" type="checkbox"/> <b>SD</b> Sudan _____                            |
| <input checked="" type="checkbox"/> <b>BG</b> Bulgaria _____                               | <input checked="" type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea _____     | <input checked="" type="checkbox"/> <b>SE</b> Sweden _____                           |
| <input checked="" type="checkbox"/> <b>BR</b> Brazil _____                                 | <input checked="" type="checkbox"/> <b>KR</b> Republic of Korea _____                         | <input checked="" type="checkbox"/> <b>SG</b> Singapore _____                        |
| <input checked="" type="checkbox"/> <b>BY</b> Belarus _____                                | <input checked="" type="checkbox"/> <b>KZ</b> Kazakhstan _____                                | <input checked="" type="checkbox"/> <b>SK</b> Slovakia _____                         |
| <input checked="" type="checkbox"/> <b>BZ</b> Belize _____                                 | <input checked="" type="checkbox"/> <b>LC</b> Saint Lucia _____                               | <input checked="" type="checkbox"/> <b>SL</b> Sierra Leone _____                     |
| <input checked="" type="checkbox"/> <b>CA</b> Canada _____                                 | <input checked="" type="checkbox"/> <b>LK</b> Sri Lanka _____                                 | <input checked="" type="checkbox"/> <b>SY</b> Syrian Arab Republic _____             |
| <input checked="" type="checkbox"/> <b>CH &amp; LI</b> Switzerland and Liechtenstein _____ | <input checked="" type="checkbox"/> <b>LR</b> Liberia _____                                   | <input checked="" type="checkbox"/> <b>TJ</b> Tajikistan _____                       |
| <input checked="" type="checkbox"/> <b>CN</b> China _____                                  | <input checked="" type="checkbox"/> <b>LS</b> Lesotho _____                                   | <input checked="" type="checkbox"/> <b>TM</b> Turkmenistan _____                     |
| <input checked="" type="checkbox"/> <b>CO</b> Colombia _____                               | <input checked="" type="checkbox"/> <b>LT</b> Lithuania _____                                 | <input checked="" type="checkbox"/> <b>TN</b> Tunisia _____                          |
| <input checked="" type="checkbox"/> <b>CR</b> Costa Rica _____                             | <input checked="" type="checkbox"/> <b>LU</b> Luxembourg _____                                | <input checked="" type="checkbox"/> <b>TR</b> Turkey _____                           |
| <input checked="" type="checkbox"/> <b>CU</b> Cuba _____                                   | <input checked="" type="checkbox"/> <b>LV</b> Latvia _____                                    | <input checked="" type="checkbox"/> <b>TT</b> Trinidad and Tobago _____              |
| <input checked="" type="checkbox"/> <b>CZ</b> Czech Republic _____                         | <input checked="" type="checkbox"/> <b>MA</b> Morocco _____                                   | <input checked="" type="checkbox"/> <b>TZ</b> United Republic of Tanzania _____      |
| <input checked="" type="checkbox"/> <b>DE</b> Germany _____                                | <input checked="" type="checkbox"/> <b>MD</b> Republic of Moldova _____                       | <input checked="" type="checkbox"/> <b>UA</b> Ukraine _____                          |
| <input checked="" type="checkbox"/> <b>DK</b> Denmark _____                                | <input checked="" type="checkbox"/> <b>MG</b> Madagascar _____                                | <input checked="" type="checkbox"/> <b>UG</b> Uganda _____                           |
| <input checked="" type="checkbox"/> <b>DM</b> Dominica _____                               | <input checked="" type="checkbox"/> <b>MK</b> The former Yugoslav Republic of Macedonia _____ | <input checked="" type="checkbox"/> <b>US</b> United States of America _____         |
| <input checked="" type="checkbox"/> <b>DZ</b> Algeria _____                                | <input checked="" type="checkbox"/> <b>MN</b> Mongolia _____                                  | <input checked="" type="checkbox"/> <b>UZ</b> Uzbekistan _____                       |
| <input checked="" type="checkbox"/> <b>EC</b> Ecuador _____                                | <input checked="" type="checkbox"/> <b>MW</b> Malawi _____                                    | <input checked="" type="checkbox"/> <b>VC</b> Saint Vincent and the Grenadines _____ |
| <input checked="" type="checkbox"/> <b>EE</b> Estonia _____                                | <input checked="" type="checkbox"/> <b>MX</b> Mexico _____                                    | <input checked="" type="checkbox"/> <b>VN</b> Viet Nam _____                         |
| <input checked="" type="checkbox"/> <b>ES</b> Spain _____                                  | <input checked="" type="checkbox"/> <b>MZ</b> Mozambique _____                                | <input checked="" type="checkbox"/> <b>YU</b> Serbia and Montenegro _____            |
| <input checked="" type="checkbox"/> <b>FI</b> Finland _____                                | <input checked="" type="checkbox"/> <b>NI</b> Nicaragua _____                                 | <input checked="" type="checkbox"/> <b>ZA</b> South Africa _____                     |
| <input checked="" type="checkbox"/> <b>GB</b> United Kingdom _____                         | <input checked="" type="checkbox"/> <b>NO</b> Norway _____                                    | <input checked="" type="checkbox"/> <b>ZM</b> Zambia _____                           |
| <input checked="" type="checkbox"/> <b>GD</b> Grenada _____                                | <input checked="" type="checkbox"/> <b>NZ</b> New Zealand _____                               | <input checked="" type="checkbox"/> <b>ZW</b> Zimbabwe _____                         |
| <input checked="" type="checkbox"/> <b>GE</b> Georgia _____                                |   |  |
| <input checked="" type="checkbox"/> <b>GH</b> Ghana _____                                  |   |  |
| <input checked="" type="checkbox"/> <b>GM</b> Gambia _____                                 |   |  |

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

- ☒ \_\_\_\_\_ ☒ \_\_\_\_\_ ☒ \_\_\_\_\_

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except the designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 5 november 2002	02/13792	FRANCE		
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items    ☒ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item (5)    ☐ other, see Supplemental Box

\*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): .....

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / .....

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)	Number	Country (or regional Office)
23 september 2003	FA 633713	FRANCE

**Box No. VIII DECLARATIONS**

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

		Number of declarations
<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input checked="" type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	: 1
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:	:

**Box No. VIII (iv) DECLARATION OF INVENTORSHIP (only for the purposes of the designation of the United States of America)**

*The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.*

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))  
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/.....(if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications.....  
.....

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: RAOULT Didier.....

Residence: F-13008 MARSEILLE.....  
(city and either US state, if applicable, or country)

Mailing Address: 16 rue de Lorraine.....  
13008 MARSEILLE / FRANCE.....

Citizenship: française.....

Inventor's Signature: .....  
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....  
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: DRANCOURT Michel.....

Residence: F-13012 MARSEILLE.....  
(city and either US state, if applicable, or country)

Mailing Address: 9 traverse de la Pauline.....  
13012 MARSEILLE / FRANCE.....

Citizenship: française.....

Inventor's Signature: .....  
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....  
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) **in paper form**, the following number of sheets:

request (including declaration sheets) : 6  
 description (excluding sequence listings and/or tables related thereto) : 49  
 claims : 7  
 abstract : 1  
 drawings : 1  
**Sub-total number of sheets** : 64  
 sequence listings : 32  
 tables related thereto :  
*(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)* :  
**Total number of sheets** : 96

(b) ☐ **only in computer readable form** (Section 801(a)(i))

- (i) ☐ sequence listings  
 (ii) ☐ tables related thereto

(c) ☒ **also in computer readable form** (Section 801(a)(ii))

- (i) ☒ sequence listings  
 (ii) ☐ tables related thereto

**Type and number of carriers** (diskette, CD-ROM, CD-R or other) on which are contained the

☒ sequence listings: 1 disc  
☐ tables related thereto \_\_\_\_\_  
*(additional copies to be indicated under item 9(ii), in right column)*

This international application is **accompanied by** the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☐ fee calculation sheet : \_\_\_\_\_
2. ☒ original separate power of attorney : 3
3. ☐ original general power of attorney : \_\_\_\_\_
4. ☐ copy of general power of attorney; reference number, if any: \_\_\_\_\_ : \_\_\_\_\_
5. ☐ statement explaining lack of signature : \_\_\_\_\_
6. ☐ priority document(s) identified in Box No. VI as item(s): \_\_\_\_\_ : \_\_\_\_\_
7. ☐ translation of international application into (language): \_\_\_\_\_ : \_\_\_\_\_
8. ☐ separate indications concerning deposited microorganism or other biological material : \_\_\_\_\_
9. ☐ sequence listing in computer readable form (indicate type and number of carriers) : \_\_\_\_\_
  - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : \_\_\_\_\_
  - (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : \_\_\_\_\_
  - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column : \_\_\_\_\_
10. ☐ tables in computer readable form related to sequence listings (indicate type and number of carriers) : \_\_\_\_\_
  - (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : \_\_\_\_\_
  - (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : \_\_\_\_\_
  - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : \_\_\_\_\_
11. ☒ other (specify): International Search Report : \_\_\_\_\_

Figure of the drawings which should accompany the abstract:

Language of filing of the international application: francais

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Maxime DOMANGE  
 CABINET BEAU DE LOMENI

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings:  <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

## Cadre n° VIII.iv) DÉCLARATION DE QUALITÉ D'INVENTEUR

CT/FR2003/003293

(seulement aux fins de la désignation des États-Unis d'Amérique)

La déclaration doit être conforme au libellé standard suivant prévu à l'instruction 214; voir les notes relatives aux cadres n° VIII, VIII.i) à v) (généralités) et les notes spécifiques au cadre n° VIII.iv). Si ce cadre n'est pas utilisé, cette feuille ne doit pas être incluse dans la requête.

**Déclaration relative à la qualité d'inventeur (règles 4.17.iv) et 51bis.1.a)iv))  
aux fins de la désignation des États-Unis d'Amérique :**

Par la présente, je déclare que je crois être le premier inventeur original et unique (si un seul inventeur est mentionné ci-dessous) ou l'un des premiers co-inventeurs (si plusieurs inventeurs sont mentionnés ci-dessous) de l'objet revendiqué pour lequel un brevet est demandé.

La présente déclaration a trait à la demande internationale dont elle fait partie (si la déclaration est déposée avec la demande).

La présente déclaration a trait à la demande internationale n° PCT/..... (si la déclaration est remise en vertu de la règle 26ter).

Par la présente, je déclare que mon domicile, mon adresse postale et ma nationalité sont tels qu'indiqués près de mon nom.

Par la présente, je déclare avoir passé en revue et compris le contenu de la demande internationale à laquelle il est fait référence ci-dessus, y compris les revendications de ladite demande. J'ai indiqué dans la requête de ladite demande, conformément à la règle 4.10 du PCT, toute revendication de priorité d'une demande étrangère et j'ai identifié ci-dessous, sous l'intitulé "Demandes antérieures", au moyen du numéro de demande, du pays ou du membre de l'Organisation mondiale du commerce, du jour, du mois et de l'année du dépôt, toute demande de brevet ou de certificat d'auteur d'invention déposée dans un pays autre que les États-Unis d'Amérique, y compris toute demande internationale selon le PCT désignant au moins un pays autre que les États-Unis d'Amérique, dont la date de dépôt est antérieure à celle de la demande étrangère dont la priorité est revendiquée.

Demandes antérieures : .....

Par la présente, je reconnais l'obligation qui m'est faite de divulguer les renseignements dont j'ai connaissance et qui sont pertinents quant à la brevetabilité de l'invention, tels qu'ils sont définis dans le Titre 37, § 1.56, du Code fédéral des réglementations, y compris, en ce qui concerne les demandes de continuation-in-part les renseignements pertinents qui sont devenus accessibles entre la date de dépôt de la demande antérieure et la date du dépôt international de la demande de continuation-in-part.

Je déclare par la présente que toute déclaration ci-incluse est, à ma connaissance, véridique et que toute déclaration formulée à partir de renseignements ou de suppositions est tenue pour véridique; et de plus, que toutes ces déclarations ont été formulées en sachant que toute fausse déclaration volontaire ou son équivalent est passible d'une amende ou d'une incarcération, ou des deux, en vertu de la Section 1001 du Titre 18 du Code des États-Unis, et que de telles déclarations volontairement fausses risquent de compromettre la validité de la demande de brevet ou du brevet délivré à partir de celle-ci.

Nom : **RAOULT Didier**

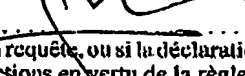
Domicile : **F - 13008 MARSEILLE**

(ville et État (des États-Unis d'Amérique), le cas échéant, ou pays)

Adresse postale : **16 rue de Lorraine**

**13008 MARSEILLE / FRANCE**

Nationalité : **française**

Signature de l'inventeur :   
(si elle ne figure pas dans la requête, ou si la déclaration a fait l'objet de corrections ou d'adjonctions en vertu de la règle 26ter après le dépôt de la demande internationale. La signature doit être celle de l'inventeur, il ne peut s'agir de celle du mandataire)

Date : **29-10-03**  
(de la signature qui ne figure pas dans la requête, ou de la déclaration qui a fait l'objet de corrections ou d'adjonctions en vertu de la règle 26ter après le dépôt de la demande internationale)

Nom : **DRANCOURT Michel**

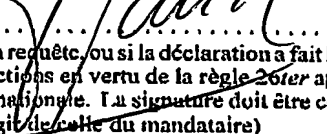
Domicile : **F - 13012 MARSEILLE**

(ville et État (des États-Unis d'Amérique), le cas échéant, ou pays)

Adresse postale : **9 traverse de la Pauline**

**13012 MARSEILLE / FRANCE**

Nationalité : **française**

Signature de l'inventeur :   
(si elle ne figure pas dans la requête, ou si la déclaration a fait l'objet de corrections ou d'adjonctions en vertu de la règle 26ter après le dépôt de la demande internationale. La signature doit être celle de l'inventeur, il ne peut s'agir de celle du mandataire)

Date : **29 Octobre 2003**  
(de la signature qui ne figure pas dans la requête, ou de la déclaration qui a fait l'objet de corrections ou d'adjonctions en vertu de la règle 26ter après le dépôt de la demande internationale)

☐ Cette déclaration continue sur la feuille suivante, "Suite du cadre n° VIII.iv)".